## State of New Hampshire

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Business ID: 717151
William M. Gardner
Secretary of State

Filing fee:

\$50.00

Fee for Form SRA: \$50.00 Total fees \$100.00

Use black print or type.

Form LLC-1 RSA 304-C:12

### CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

certificate of formation:		
FIRST: The name of the limited liability company is 4NH Homes, LLC.		
SECOND: The nature of the primary business or purposes are to aquire, hold, own, improve, develop,		
lease, manage, sell, and otherwise deal with real and personal property		
THIRD: The name of the limited liability company's registered agent is Kenneth J. Gould		
and the street address, town/city (including zip code and post office box, if any) of its registered office is		
(agent's business address) 183 Mammoth Road, Londonderry, NH 03053		
FOURTH: The latest date on which the limited liability company is to dissolve isperpetual		
FIFTH: The management of the limited liability company <u>is</u> vested in a manager or managers.		
SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).		
*Signature:		
Print or type name: <u>Michael R. Gallo</u> Title: Manager		
(Enter "manager" or "member")		
Date signed: 11/2/14		
To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here:		

\*Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents filed with the Corporation Division become public inspection in either tangible or electronic form.

Mail fees, <u>DATED AND SIGNED ORIGINAL AND FORM SRA</u> to: Corport North Main Street, Concord NH 03301-4989. Physical location: 25 Cap

State of New Hampshire Form LLC 1 - Certificate of Formation 3 Page(s)



#### **CONSENT TO REGISTRATION**

I, Michael R. Gallo, president of 4NHFLIP, Inc., hereby consent to Michael R. Gallo to register the name 4NH Homes, LLC.

4NHFLIP, Inc.

Michael R. Gallo

Its: President

# Form SRA – Addendum to Business Organization and Registration Forms Statement of Compliance with New Hampshire Securities Laws

#### Part I – Business Identification and Contact Information

Business Name: 4NH Homes, LLC		
Business Address (include city, state, zip): 70 Kelley Street, Manchester, NH 03102		
Telephone Number:(603) 836-0151		
Contact Person: Michael R. Gallo	<u> </u>	
Contact Person Address (if different):		
Part II – Check <u>ONE</u> of the following items in Part II. If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]:		
Hampshire because the business meets <u>ALL</u> A) This business has <b>10 or fewer owners</b> ; B) Advertising <b>relating to the sale of own</b>		
	pshire under another exemption from registration or will the citation for the exemption or notice filing claimed -	
3 This business has registered or will register its registration statement was or will be filed with	securities for sale in New Hampshire. Enter the date the the Bureau of Securities Regulation	
4 This business was formed in a state other than New Hampshire.	n New Hampshire and will not offer or sell securities in	
Part III – Check <u>ONE</u> of the following items in Part III:		
1 This business <i>is not being</i> formed in New Ha	mpshire.	
	nire and the registration document states that any sale or ness will comply with the requirements of the New	
Part IV – Certification of Accuracy		
(NOTE: The information in Part IV must be certified by: 1) <u>all</u> of the incorporators of a corporation to be formed; or 2) <u>an</u> executive officer of an existing corporation; or 3) <u>all</u> of the general partners or intended general partners of a limited partnership; or 4) <u>one or more</u> authorized members or managers of a limited liability company; or 5) <u>one or more</u> authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)		
(We) certify that the information provided in this form is	true and complete. (Original signatures only)	
Name (print): Michael R. Gallo	Signature:	
	Date signed: ///2/19	
Name (print):	Signature:	
	Date signed:	
Name (print):	Signature:	